TOBACCO USE - Questions list

**Question 1:** Have you ever tried a cigarette?

- Yes
- No

Gender specific: None
Routing rule: ( Yes->2  No->17 )

**Question 2:** How old were you when you tried your first cigarette?

Age: 

Gender specific: None
Routing rule: None

**Question 3:** Have you smoked at least 100 cigarettes (5 packs) in your entire life?

- Yes
- No

Gender specific: None
Routing rule: ( Yes->4  No->17 )

**Question 4:** Do you smoke cigarettes now?

- Yes, every day
- Yes, some days
- No, I don’t currently smoke

Gender specific: None
Routing rule: ( Yes, every day->5  Yes, some days->6  No, I don’t currently smoke->8 )
**Question 5:** On the average, about how many cigarettes do you now smoke each day?

Number of cigarettes:  

Gender specific: None  
Routing rule: (13)

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**Question 6:** On how many of the past 30 days (since Dec-29-2013) did you smoke cigarettes?

Number of days:  

Gender specific: None  
Routing rule: (0->8 SKIPTO->7)

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**Question 7:** On average, on days when you did smoke during the past 30 days, how many cigarettes did you usually smoke each day?

Number of cigarettes:  

Gender specific: None  
Routing rule: None

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**Question 8:** Have you EVER smoked cigarettes EVERY DAY for at least 1 month?

☐ Yes  
☐ No

Gender specific: None  
Routing rule: (Yes->9 No->10)

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**Question 9:** When you last smoked every day, on average how many cigarettes did you smoke each day?

Number of cigarettes:  


Question 10: Have you ever smoked regularly? For example, at least several cigarettes most days of the week?

☐ Yes
☐ No

Question 11: When you last smoked regularly, on average how many days did you smoke each week?

Number of days:

Question 12: When you last smoked regularly, on average how many cigarettes did you smoke on each day that you smoked?

Number of cigarettes:

Question 13: How old were you when you first started smoking regularly (for example, at least several cigarettes most days of the week)?

Age:
Question 14: Have you ever quit smoking for more than a day?

- I have never quit
- Once
- Several times
- Many times
- I very often go days without a cigarette

Gender specific: None
Routing rule: (I have never quit ->17  Once ->15  Several times->15  Many times->15  I very often go days without a cigarette->17)

Question 15: What is the longest period of time you went smoke-free after quitting?

- Less than 1 month
- 1-2 months
- 2 months to 1 year
- 1-2 years
- 2 or more years

Gender specific: None
Routing rule: None

Question 16: What methods have you used to quit?

Select all that apply:
- Cold turkey
- Nicotine gum
- Nicotine patch
- Chantrix
- Zyban
- e-cigarette
Question 17: Do you smoke e-cigarettes?

☐ Yes
☐ No

Gender specific: None
Routing rule: (Yes→18  No→22)

Question 18: How often do you smoke e-cigarettes?

☐ All day long
☐ A few times per day
☐ Once a day
☐ Less than once a day

Gender specific: None
Routing rule: None

Question 19: Do you know the nicotine concentration of the liquid you mostly use?

☐ Yes
☐ No

Gender specific: None
Routing rule: (Yes→20  No→21)

Question 20: Please select the nicotine concentration of the liquid you mostly use.

mg/ml
Question 21: Do you prefer an e-cigarette that delivers throat hit?

- Yes
- No
- I have never heard of throat hit

Question 22: Have you ever regularly used any of the following tobacco products?

Select all that apply:
- Cigars
- Cigarillos or little cigars
- Pipe
- Clove cigarettes
- Smokeless tobacco (chew, dip, dissolvable tobacco, snuff, snus)
- Other
- No, I have never used other tobacco products

Question 23: Do/Did your parents smoke?

- Yes, both
- Yes, one of them
- Neither smokes/smoked

Gender specific: None
Routing rule: None
**Question 24:** Do your friends currently smoke?

- ☐ Yes, most of them
- ☐ Yes, a few
- ☐ None of them smoke

Gender specific: None
Routing rule: None

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**Question 25:** When you were a teenager (under 18 years old) did your close friends smoke or use other tobacco products?

- ☐ Yes, most of them
- ☐ Yes, a few
- ☐ None of them smoked

Gender specific: None
Routing rule: None

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**Question 26:** Are you exposed to second-hand smoke?

- ☐ Yes, at home
- ☐ Yes, at work
- ☐ Yes, in my leisure time
- ☐ No

Gender specific: None
Routing rule: None

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**Question 27:** When you were growing up were you exposed to second-hand smoke in your home?

- ☐ Yes
- ☐ No
Gene specific: None
Routing rule: None

Question 28: How would you rate this survey?

☐ No comment.
☐ I can imagine it is useful for research.
☐ It was interesting.
☐ It could use some work.

Gene specific: None
Routing rule: ( END )